

August 24, 2007 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: ALL PROVIDERS

THE ALABAMA MEDICAID AGENCY AND EDS WILL BE CLOSED SEPTEMBER 3, 2007 FOR LABOR DAY. THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.

ATTENTION: PHP PROVIDERS (222)

INPATIENT CLAIMS WITH DATES OF SERVICE OCTOBER 1, 2006 THROUGH SEPTEMBER 30, 2007 MUST BE FILED BEFORE FEBRUARY 29, 2008. WE ENCOURAGE YOU TO FILE YOUR CLAIMS AS SOON AFTER THE SEPTEMBER 30, 2007 YEAR END AS POSSIBLE.

ATTENTION: INSTITUTIONAL CROSSOVER PROVIDERS (222)

WE ARE EXPERIENCING ISSUES WITH CMS COORDINATION OF BENEFITS AGREEMENTS. THIS HAS RESULTED IN A DECREASED NUMBER OF INSTITUTIONAL CROSSOVER CLAIMS BEING PROCESSED. MORE INFORMATION WILL BE FORTHCOMING.

ATTENTION: CMS-1500 AND UB-92 CLAIM FILERS (005)

EDS WILL NOT BEGIN TO ACCEPT THE REVISED CMS-1500 OR THE NEW UB-04 FORMS UNTIL FURTHER NOTICE. IF THESE FORMS ARE RECEIVED BY EDS BEFORE THE NOTIFICATION DATE, THEY WILL BE RETURNED TO THE PROVIDER WITHOUT BEING PROCESSED. IF YOU HAVE ANY QUESTIONS REGARDING THIS, PLEASE CONTACT THE PROVIDER ASSISTANCE CENTER AT 1-800-688-7989.

ATTENTION: ALL PROVIDERS (279)

EDS IS NOW ACCEPTING NPI INFORMATION. THIS INFORMATION WILL BE KEPT ON FILE UNTIL IT IS REQUIRED FOR CLAIMS PROCESSING. YOU MAY FIND THE INFORMATION TO COMPLETE ON OUR WEBSITE AT: [HTTP://WWW.MEDICAID.ALABAMA.GOV/BILLING/NPI.ASPX](http://www.MEDICAID.ALABAMA.GOV/BILLING/NPI.ASPX). IF YOU HAVE QUESTIONS PLEASE CONTACT YOUR PROVIDER REPRESENTATIVE AT 1-800-688-7989.

August 10, 2007 EOP Mini-Messages

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ATTENTION: PHP PROVIDERS (222)

INPATIENT CLAIMS WITH DATES OF SERVICE OCTOBER 1, 2006 THROUGH SEPTEMBER 30, 2007 MUST BE FILED BEFORE FEBRUARY 29, 2008. WE ENCOURAGE YOU TO FILE YOUR CLAIMS AS SOON AFTER THE SEPTEMBER 30, 2007 YEAR END AS POSSIBLE.

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WE ARE EXPERIENCING ISSUES WITH CMS COORDINATION OF BENEFITS AGREEMENTS. THIS HAS RESULTED IN A DECREASED NUMBER OF INSTITUTIONAL CROSSOVER CLAIMS BEING PROCESSED. MORE INFORMATION WILL BE FORTHCOMING.

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July 20, 2007 EOP Mini-Messages

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ATTENTION: PHYSICIANS AND HOSPITALS (145)

ALL ORGAN TRANSPLANTS, WITH THE EXCEPTION OF CORNEAL, MUST BE COORDINATED WITH UAB'S TRANSPLANT COORDINATORS PRIOR TO BEING REFERRED TO AN OUT-OF-STATE FACILITY/PROVIDER. FOR ADDITIONAL INFORMATION, PLEASE CALL BRENDA FINCHER AT 334-242-5445.

ATTENTION: CMS-1500 AND UB-92 CLAIM FILERS (005)

EDS WILL NOT BEGIN TO ACCEPT THE REVISED CMS-1500 OR THE NEW UB-04 FORMS UNTIL FURTHER NOTICE. IF THESE FORMS ARE RECEIVED BY EDS BEFORE THE NOTIFICATION DATE, THEY WILL BE RETURNED TO THE PROVIDER WITHOUT BEING PROCESSED. IF YOU HAVE ANY QUESTIONS REGARDING THIS, PLEASE CONTACT THE PROVIDER ASSISTANCE CENTER AT 1-800-688-7989.

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July 06, 2007 EOP Mini-Messages

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June 22, 2007 EOP Mini-Messages

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ATTENTION: ALL PROVIDERS

THE ALABAMA MEDICAID AGENCY AND EDS WILL BE CLOSED JULY 4, 2007 IN OBSERVANCE OF INDEPENDENCE DAY. THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.

ATTENTION: PHYSICIANS AND HOSPITALS (145)

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June 08, 2007 EOP Mini-Messages

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May 25, 2007 EOP Mini-Messages

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ATTENTION: ALL PROVIDERS

THE ALABAMA MEDICAID AGENCY WILL BE CLOSED MONDAY, JUNE 4, 2007. EDS WILL "NOT" BE CLOSED, THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE THE USUAL HOURS – 7:A.M. TO 8:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.

ATTENTION: PHYSICIANS AND HOSPITALS (145)

ALL ORGAN TRANSPLANTS, WITH THE EXCEPTION OF CORNEAL, MUST BE COORDINATED WITH UAB'S TRANSPLANT COORDINATORS PRIOR TO BEING REFERRED TO AN OUT-OF-STATE FACILITY/PROVIDER. FOR ADDITIONAL INFORMATION, PLEASE CALL BRENDA FINCHER AT 334-242-5445.

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May 11, 2007 EOP Mini-Messages

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ATTENTION: ALL PROVIDERS

THE ALABAMA MEDICAID AGENCY AND EDS WILL BE CLOSED MAY 28, 2007 IN OBSERVANCE OF MEMORIAL DAY. THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED 1-800-456-1242.

ATTENTION: CMS-1500 AND UB-92 CLAIM FILERS (005)

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April 20, 2007 EOP Mini-Messages

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April 06, 2007 EOP Mini-Messages

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March 23, 2007 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

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ATTENTION: ALL MEDICARE CROSSOVER BILLERS (054)

EDS HAS CORRECTED A PROBLEM WITH PREVIOUSLY PROCESSED PART B MEDICARE CROSSOVERS. AS A RESULT, EDS WILL BE SYSTEMATICALLY REPROCESSING PART B CROSSOVER CLAIMS OVER THE NEXT SEVERAL FINANCIAL CYCLES. IF YOU HAVE ANY QUESTIONS REGARDING THIS, PLEASE CONTACT THE PROVIDER ASSISTANCE CENTER AT 1-800-688-7989.

ATTENTION: EYE CARE PROVIDERS (054)

PROVIDERS BILLING FOR EYE CARE SERVICES FOR DUALY ELIGIBLE (MEDICARE AND MEDICAID) RECIPIENTS SHOULD FILE PROCEDURE CODE 92015 (REFRACTION) BY ITSELF, ON A CLEAN CMS-1500 CLAIM FORM. THIS CODE IS DESIGNATED AS MEDICARE EXEMPT AND SHOULD NOT BE FILED ON A MEDICARE CROSSOVER CLAIM FORM. ALSO, IT SHOULD NOT BE FILED ON THE SAME CLAIM FORM WITH OTHER CODES THAT ARE COVERED BY MEDICARE.

ATTENTION: CMS-1500 AND UB-92 CLAIM FILERS (005)

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March 09, 2007 EOP Mini-Messages

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ATTENTION: PATIENT 1ST/EPSTD PROVIDERS (349)

EFFECTIVE FOR DATES OF SERVICE JANUARY 1, 2007 AND THEREAFTER, THE EPSTD INTERPERIODIC SCREENING CODES CHANGED. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE ALERT DATED NOVEMBER 27, 2006 REGARDING THESE CHANGES.

ATTENTION: ALL PROVIDERS (279)

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February 23, 2007 EOP Mini-Messages

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ATTENTION PHP PROVIDERS (019)

ALL PHP CLAIMS FOR THE TIMEFRAME OCTOBER 1, 2005 THROUGH SEPTEMBER 30, 2006 MUST BE FILED BY FEBRUARY 28, 2007.

ATTENTION: CMS-1500 AND UB-92 CLAIM FILERS (005)

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ATTENTION: ALL PROVIDERS (040)

EDS HAS SCHEDULED SYSTEM MAINTENANCE BEGINNING AT 11:30 P.M. ON FEBRUARY 17, 2007 UNTIL NOON ON FEBRUARY 18, 2007. ALL PROCESSING BATCH AND INTERACTIVE WILL BE AFFECTED. PROVIDERS WILL STILL BE ABLE TO SEND BATCHES OF CLAIMS IN VIA THE WEB SERVER, BUT THEY WILL NOT BE PROCESSED DURING THE OUTAGE WINDOW. NO INTERACTIVE, VOICE RESPONSE, OR WEB TRANSACTIONS WILL BE FUNCTIONAL DURING THE OUTAGE. IT IS POSSIBLE THAT THE MINTENANCE MAY BE COMPLETED EARLIER THAN NOON ON FEBRUARY 18TH. ALL SYSTEMS WILL BE AVAILABLE AS SOON AS THE MAINTENANCE IS COMPLETE.

ATTENTION PHP PROVIDERS (019)

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EFFECTIVE FOR DATES OF SERVICE JANUARY 1, 2007 AND THEREAFTER, THE EPSTD INTERPERIODIC SCREENING CODES CHANGED. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE ALERT DATED NOVEMBER 27, 2006 REGARDING THESE CHANGES.

ATTENTION: ALL PROVIDERS (279)

EDS IS NOW ACCEPTING NPI INFORMATION. THIS INFORMATION WILL BE KEPT ON FILE UNTIL IT IS REQUIRED FOR CLAIMS PROCESSING. YOU MAY FIND THE INFORMATION TO COMPLETE ON OUR WEBSITE AT: [HTTP://WWW.MEDICAID.ALABAMA.GOV/BILLING/NPI.ASPX](http://www.MEDICAID.ALABAMA.GOV/BILLING/NPI.ASPX). IF YOU HAVE QUESTIONS PLEASE CONTACT YOUR PROVIDER REPRESENTATIVE AT 1-800-688-7989. 989.

January 19, 2007 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: MEDICARE CROSSOVER PROVIDERS (019)

SOME PROVIDERS WILL HAVE CROSSOVER CLAIMS APPEAR IN A VOID STATUS ON THIS EOP. THESE CLAIMS ARE BEING VOIDED DUE TO AN ERROR THAT CAUSED MEDICARE PAID AMOUNTS TO APPEAR IN THE TPL FIELD ON THE CLAIMS. THIS ERROR CAUSED CLAIMS PROCESSED ELECTRONICALLY BETWEEN NOVEMBER 17, 2006 AND DECEMBER 7, 2006 TO ZERO PAY. SINCE THE CLAIMS HAD A ZERO PAID AMOUNT, THERE SHOULD BE NO FINANCIAL IMPACT TO YOUR CHECK AMOUNT AS A RESULT OF THE VOIDED CLAIMS. IF YOU HAVE CLAIMS APPEAR IN A VOID STATUS ON THIS EOP, YOU SHOULD RESUBMIT THE CLAIMS TO PROCESS AS SOON AS POSSIBLE. IF YOU HAVE QUESTIONS, CALL THE PROVIDER ASSISTANCE CENTER AT 1-800-688-7989.

ATTENTION PHP PROVIDERS (019)

ALL PHP CLAIMS FOR THE TIMEFRAME OCTOBER 1, 2005 THROUGH SEPTEMBER 30, 2006 MUST BE FILED BY FEBRUARY 28, 2007.

ATTENTION: CMS-1500 AND UB-92 CLAIM FILERS (005)

EDS WILL NOT BEGIN TO ACCEPT THE REVISED CMS-1500 OR THE NEW UB-04 FORMS UNTIL MAY 23, 2007. IF THESE CLAIM FORMS ARE RECEIVED BEFORE THIS DATE, THEY WILL BE RETURNED TO THE PROVIDER WITHOUT BEING PROCESSED. IF YOU HAVE ANY QUESTIONS REGARDING THIS, PLEASE CONTACT THE PROVIDER ASSISTANCE CENTER AT 1-800-688-7989.

ATTENTION: PATIENT 1ST/EPSTD PROVIDERS (349)

EFFECTIVE FOR DATES OF SERVICE JANUARY 1, 2007 AND THEREAFTER, THE EPSTD INTERPERIODIC SCREENING CODES WILL CHANGE. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE ALERT DATED NOVEMBER 27, 2006 REGARDING THESE CHANGES.

ATTENTION: ALL PROVIDERS (279)

EDS IS NOW ACCEPTING NPI INFORMATION. THIS INFORMATION WILL BE KEPT UNTIL IT IS REQUIRED FOR CLAIMS SUBMITTED MAY 23, 2007. YOU MAY FIND THE INFORMATION TO COMPLETE ON OUR WEBSITE AT: [HTTP://WWW.MEDICAID.ALABAMA.GOV/BILLING/NPI.ASPX](http://www.MEDICAID.ALABAMA.GOV/BILLING/NPI.ASPX). IF YOU HAVE QUESTIONS PLEASE CONTACT YOUR PROVIDER REPRESENTATIVE AT 1-800-688-7989. 989.

January 5 , 2007 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: ALL PROVIDERS

THE ALABAMA MEDICAID AGENCY AND EDS WILL BE CLOSED JANUARY 15, 2007 IN OBSERVANCE OF THE ROBERT E. LEE/M.L. KING HOLIDAY. THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE FROM 9:00 A.M. UNTIL 5:00 P.M AND CAN BE REACHED AT 1-800-456-1242.

ATTENTION: CMS-1500 CLAIM FILERS (005)

EDS WILL NOT BEGIN TO ACCEPT THE UPDATED CMS-1500 FORM UNTIL MAY 23, 2007. IF CLAIM FORMS ARE RECEIVED BEFORE THIS DATE, THEY WILL BE RETURNED TO THE PROVIDER WITHOUT BEING PROCESSED. IF YOU HAVE ANY QUESTIONS REGARDING THIS, PLEASE CONTACT THE PROVIDER ASSISTANCE CENTER AT 1-800-688-7989.

ATTENTION: UB-04 CLAIMS FILERS (005)

EDS WILL NOT BEGIN TO ACCEPT THE NEW UB-04 CLAIM FORM UNTIL IMPLEMENTATION OF THE NATIONAL PROVIDER IDENTIFIER (NPI) ON MAY 23, 2007. ANY UB-04 CLAIMS RECEIVED BEFORE THIS DATE WILL BE RETURNED TO THE PROVIDER WITHOUT BEING PROCESSED. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE PROVIDER ASSISTANCE CENTER AT 1-800-688-7989.

ATTENTION: PATIENT 1ST/EPSTD PROVIDERS (349)

EFFECTIVE FOR DATES OF SERVICE JANUARY 1, 2007 AND THEREAFTER, THE EPSTD INTERPERIODIC SCREENING CODES WILL CHANGE. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE ALERT DATED NOVEMBER 27, 2006 REGARDING THESE CHANGES.

ATTENTION: MEDICARE CROSSOVER PROVIDERS (U P D A T E) (342/005)

EDS HAS RESOLVED THE MEDICARE CROSSOVER PROBLEM AND IS CURRENTLY REPROCESSING ALL CROSSOVER CLAIMS THAT WERE NOT PREVIOUSLY PROCESSED.

ATTENTION: ALL PROVIDERS (279)

EDS IS NOW ACCEPTING NPI INFORMATION. THIS INFORMATION WILL BE KEPT UNTIL IT IS REQUIRED FOR CLAIMS SUBMITTED MAY 23, 2007. YOU MAY FIND THE INFORMATION TO COMPLETE ON OUR WEBSITE AT: [HTTP://WWW.MEDICAID.ALABAMA.GOV/BILLING/NPI.ASPX](http://www.MEDICAID.ALABAMA.GOV/BILLING/NPI.ASPX). IF YOU HAVE QUESTIONS PLEASE CONTACT YOUR PROVIDER REPRESENTATIVE AT 1-800-688-7989. 989.

December 15 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: ALL PROVIDERS

THE ALABAMA MEDICAID AGENCY AND EDS WILL BE CLOSED DECEMBER 25, 2006 AND JANUARY 1, 2007 IN OBSERVANCE OF THE HOLIDAYS. THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE BOTH DAYS FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.

ATTENTION: PATIENT 1ST/EPSTD PROVIDERS (349)

EFFECTIVE FOR DATES OF SERVICE JANUARY 1, 2007 AND THEREAFTER, THE EPSTD INTERPERIODIC SCREENING CODES WILL CHANGE. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE ALERT DATED NOVEMBER 27, 2006 REGARDING THESE CHANGES.

ATTENTION: MEDICARE CROSSOVER PROVIDERS (342)

EDS IS CURRENTLY TESTING A SOLUTION TO THE PROBLEM THAT IS RESTRICTING FULL PROCESSING OF MEDICARE CROSSOVER CLAIMS. ADDITIONAL INFORMATION WILL BE FORTHCOMING SOON. CLAIMS WILL BE PROCESSED WHEN THE ISSUE HAS BEEN RESOLVED.

ATTENTION: ALL PROVIDERS (279)

EDS IS NOW ACCEPTING NPI INFORMATION. THIS INFORMATION WILL BE KEPT UNTIL IT IS REQUIRED FOR CLAIMS SUBMITTED MAY 23, 2007. YOU MAY FIND THE INFORMATION TO COMPLETE ON OUR WEBSITE AT: [HTTP://WWW.MEDICAID.ALABAMA.GOV/BILLING/NPI.ASPX](http://WWW.MEDICAID.ALABAMA.GOV/BILLING/NPI.ASPX). IF YOU HAVE QUESTIONS PLEASE CONTACT YOUR PROVIDER REPRESENTATIVE AT 1-800-688-7989. 989.

December 08 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

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ATTENTION: ALL PROVIDERS (279)

EFFECTIVE OCTOBER 2, 2006, THE ALABAMA MEDICAID AGENCY WILL TEMPORARILY ADD TWO ANTI-INFLUENZA DRUGS, TAMIFLU AND RELENZA, TO OUR PREFERRED DRUG LIST (PDL). NO PRIOR AUTHORIZATION (PA) WILL BE NEEDED TO DISPENSE THESE PRODUCTS UNTILL FURTHER NOTIFIED. FOR ANY ADDITIONAL QUESTIONS REGARDING THIS ANNOUNCEMENT, PLEASE CONTACT ALABAMA MEDICAID'S PHARMACY SERVICES AT (334) 242-5050.

ATTENTION: ALL PROVIDERS (279)

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November 17 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: ALL PROVIDERS

THE ALABAMA MEDICAID AGENCY AND EDS WILL BE CLOSED NOVEMBER 23 AND 24 IN OBSERVANCE OF THANKSGIVING. THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE BOTH DAYS FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.

ATTENTION: ALL PROVIDERS (279)

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ATTENTION: MEDICARE CROSSOVER PROVIDERS (258) 58)

WE ARE EXPERIENCING TRANSITION ISSUES WITH THE RECENTLY IMPLEMENTED CMS COORDINATION OF BENEFITS AGREEMENT. THIS HAS RESULTED IN A DECREASED NUMBER OF MEDICARE CROSSOVER CLAIMS BEING PROCESSED. CLAIMS WILL BE PROCESSED WHEN THE ISSUE HAS BEEN RESOLVED.

November 03 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

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October 20 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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ATTENTION: ALL PHYSICIANS (279)

IN THE OCTOBER 2006 PROVIDER MANUAL, CHAPTER 28-PHYSICIANS, THE 10-DAY GLOBAL SURGICAL PACKAGE LIST WAS PUBLISHED. PLEASE DELETE PROCEDURE CODE RANGE 21325-21348 AND REPLACE PROCEDURE CODE 36575 WITH 36576. THE LIST WILL BE UPDATED IN THE JANUARY 2007 PROVIDER MANUAL.

ATTENTION: MEDICARE CROSSOVER PROVIDERS (258) 58)

WE ARE EXPERIENCING TRANSITION ISSUES WITH THE RECENTLY IMPLEMENTED CMS COORDINATION OF BENEFITS AGREEMENT. THIS HAS RESULTED IN A DECREASED NUMBER OF MEDICARE CROSSOVER CLAIMS BEING PROCESSED. CLAIMS WILL BE PROCESSED WHEN THE ISSUE HAS BEEN RESOLVED.

ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (202)

SOFTWARE VERSION 2.06, UPGRADE AND FULL INSTALL, IS NOW
AVAILABLE AND CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE.
TO DOWNLOAD THE SOFTWARE, GO TO:
[HTTPS://ALMEDICALPROGRAM.ALABAMA-MEDICAID.COM/SECURE/LOGO
N.DO](https://almedicalprogram.alabama-medicaid.com/secure/logo.n.do). CLICK ON 'WEB HELP,' SCROLL DOWN TO THE
SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. IF
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UPGRADE TO 2.06. FOR FURTHER ASSISTANCE, OR TO REQUEST THE
SOFTWARE ON CD, CONTACT THE EMC HELP DESK AT 1-800-456-1242.

October 06 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

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ATTENTION: ALL PROVIDERS (279)

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ATTENTION: MEDICARE CROSSOVER PROVIDERS (258) 58)

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SOFTWARE ON CD, CONTACT THE EMC HELP DESK AT 1-800-456-1242.

September 15 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

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ATTENTION: PHYSICIANS AND HOSPITALS (251)

EFFECTIVE AUGUST 24, 2006, J0587 BOTULINIUMTOXIN TYPE B WILL BE RESTRICTED BY DIAGNOSES. PLEASE REFER TO MEDICARE'S LCD BOTULINIUM TOXINS (L5792). IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT LEIGH ANN PAYNE AT 334-353-5263.

ATTENTION: ALL PROVIDERS (216)

EFFECTIVE SEPTEMBER 1, 2006, HCPCS CODES FOR INJECTABLE DRUGS ORENCIA AND KINERET WILL REQUIRE PRIOR AUTHORIZATION AS BIOLOGICALS THROUGH HEALTH INFORMATION DESIGNS (HID) PRIOR TO TREATMENT. THESE DRUGS CURRENTLY REQUIRE PRIOR AUTHORIZATION WHEN DISPENSED THROUGH A RETAIL PHARMACY. THE SAME PA CRITERIA AND FORMS USED FOR RETAIL PHARMACY DISPENSED DRUGS WILL BE REQUIRED FROM PROVIDERS BILLING HCPCS CODES FOR ORENCIA AND KINERET. HID MAY BE CONTACTED AT 1-800-748-0130. MORE DETAILS WILL BE AVAILABLE IN THE SEPTEMBER 2006 PROVIDER INSIDER.

ATTENTION: ALL DME PROVIDERS (202)

EFFECTIVE AUGUST 1, 2006, THE HOME BLOOD GLUCOSE MONITOR WILL NO LONGER REQUIRE PRIOR AUTHORIZATION AND REIMBURSEMENT WILL BE LIMITED TO ONE PER RECIPIENT EVERY 5 YEARS.

**ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS
(202)**

SOFTWARE VERSION 2.06, UPGRADE AND FULL INSTALL, IS NOW
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September 08 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

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ATTENTION: ALL DME PROVIDERS (202)

EFFECTIVE AUGUST 1, 2006, THE HOME BLOOD GLUCOSE MONITOR WILL NO LONGER REQUIRE PRIOR AUTHORIZATION AND REIMBURSEMENT WILL BE LIMITED TO ONE PER RECIPIENT EVERY 5 YEARS.

ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (202)

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August 18 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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August 04 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: ALL PROVIDERS (216)

EFFECTIVE SEPTEMBER 1, 2006, HCPCS CODES FOR INJECTABLE DRUGS ORENCIA AND KINERET WILL REQUIRE PRIOR AUTHORIZATION AS BIOLOGICALS THROUGH HEALTH INFORMATION DESIGNS (HID) PRIOR TO TREATMENT. THESE DRUGS CURRENTLY REQUIRE PRIOR AUTHORIZATION WHEN DISPENSED THROUGH A RETAIL PHARMACY. THE SAME PA CRITERIA AND FORMS USED FOR RETAIL PHARMACY DISPENSED DRUGS WILL BE REQUIRED FROM PROVIDERS BILLING HCPCS CODES FOR ORENCIA AND KINERET. HID MAY BE CONTACTED AT 1-800-748-0130. MORE DETAILS WILL BE AVAILABLE IN THE SEPTEMBER 2006 PROVIDER INSIDER.

ATTENTION: ALL DME PROVIDERS (202)

EFFECTIVE AUGUST 1, 2006, THE HOME BLOOD GLUCOSE MONITOR WILL NO LONGER REQUIRE PRIOR AUTHORIZATION AND REIMBURSEMENT WILL BE LIMITED TO ONE PER RECIPIENT EVERY 5 YEARS.

ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (202)

SOFTWARE VERSION 2.06, UPGRADE AND FULL INSTALL, IS NOW AVAILABLE AND CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE. TO DOWNLOAD THE SOFTWARE, GO TO:
[HTTPS://ALMEDICALPROGRAM.ALABAMA-MEDICAID.COM/SECURE/LOGO N.DO](https://almedicalprogram.alabama-medicaid.com/secure/logo.n.do). CLICK ON 'WEB HELP,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. IF YOU CURRENTLY HAVE ANY VERSION OF THE SOFTWARE PRIOR TO 2.05 INSTALLED, YOU MUST UPGRADE TO 2.05 BEFORE ATTEMPTING TO UPGRADE TO 2.06. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELP DESK AT 1-800-456-1242.

July 21 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: ALL DME PROVIDERS (202)

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ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (202)

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[HTTPS://ALMEDICALPROGRAM.ALABAMA-MEDICAID.COM/SECURE/LOGO N.DO](https://almedicalprogram.alabama-medicaid.com/secure/logo.n.do). CLICK ON 'WEB HELP,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. IF YOU CURRENTLY HAVE ANY VERSION OF THE SOFTWARE PRIOR TO 2.05 INSTALLED, YOU MUST UPGRADE TO 2.05 BEFORE ATTEMPTING TO UPGRADE TO 2.06. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELP DESK AT 1-800-456-1242.

July 7 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS
ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT
STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW
THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE
POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

June 16 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: ALL PROVIDERS (167)

THE FOLLOWING IS TO CORRECT A MAY 2006 INSIDER ARTICLE TITLED "UPDATED VACCINE FOR CHILDREN (VFC) CODES: PROCEDURE CODE 90721 DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS AND HEMOPHILUS INFLUENZA TYPE B (DTAP-HIB) SHOULD ONLY BE GIVEN FOR CHILDREN 1-5 YEARS OF AGE. THE ARTICLE INCORRECTLY STATED "0-5 YR OF AGE."

ATTENTION: ALL PROVIDERS (139)

JUNE 30, 2006 IS THE DEADLINE FOR ALABAMA MEDICAID PROVIDERS TO FILE FOR REIMBURSEMENT UNDER THE FEDERALLY-APPROVED PLAN TO REIMBURSE STATE PROVIDERS FOR MEDICALLY-NECESSARY SERVICES DELIVERED TO VICTIMS OF HURRICANES KATRINA AND RITA. A LIST OF DESIGNATED COUNTIES, CLAIM-FILING INSTRUCTIONS AND FORMS FOR PROVIDERS ARE AVAILABLE ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV.

ATTENTION: PHYSICIANS (125)

THE ALABAMA MEDICAID AGENCY HAS CORRECTED THE PROBLEM FOR CLAIMS DENYING FOR OFFICE VISITS WITH MODIFIER 25 AND ADMINISTRATION CODE COMBINATION. YOU MAY NOW RESUBMIT YOUR CLAIMS.

June 02 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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ATTENTION: PHYSICIANS (125)

THE ALABAMA MEDICAID AGENCY HAS CORRECTED THE PROBLEM FOR CLAIMS DENYING FOR OFFICE VISITS WITH MODIFIER 25 AND ADMINISTRATION CODE COMBINATION. YOU MAY NOW RESUBMIT YOUR CLAIMS.

May 19 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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ATTENTION: DURABLE MEDICAL EQUIPMENT PROVIDERS (097)

THE ALABAMA SUPPLIES, APPLIANCES, AND DURABLE MEDICAL EQUIPMENT FEE SCHEDULE IS NOW AVAILABLE ON THE MEDICAID WEBSITE AT WWW.MEDICAID.STATE.AL.US. EFFECTIVE 04/01/2006 DME RATES WERE UPDATED.

TO BE CONSISTENT WITH MEDICARE, EFFECTIVE FOR DATES OF SERVICE 05/01/2006 FORWARD, THREE RENTAL CODES (B4034, B4035, AND B4036) WILL PAY PER DAY INSTEAD OF PER MONTH. FOR THESE CODES, PROVIDERS NEED TO BILL THE ACTUAL NUMBER OF DAYS FOR THE RENTAL INSTEAD OF THE ONE MONTHLY UNIT.

EFFECTIVE 05/01/2006 PROCEDURE CODE A4627 (SPACER, BAG OR RESEVOIR WITH OR WITHOUT MASK) WILL NO LONGER BE COVERED THROUGH THE DURABLE MEDICAL EQUIPMENT PROGRAM. THIS DEVICE WILL BE BILLABLE THROUGH THE PHARMACY PROGRAM USING NDC CODES.

May 5 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: PHYSICIANS

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April 21 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

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ATTENTION: PHYSICIANS (076)

THE ALABAMA MEDICAID AGENCY IS AWARE OF SOME CLAIM DENIALS FOR OFFICE VISITS (WITH MODIFIER 25) AND ADMINISTRATION CODES. WE ARE WORKING TO CORRECT THE PROBLEM AND WILL NOTIFY YOU AS SOON AS THE PROBLEM IS CORRECTED SO THAT YOU MAY RESUBMIT CLAIMS.

ATTENTION: AUDIOLOGIST AND HEARING PROVIDERS (076)

CORRECTION TO THE MARCH 2006 PROVIDER INSIDER ARTICLE, PAGE 2, "CODES ADDED FOR AUDIOLOGY/HEARING PROVIDERS." THE LAST PARAGRAPH SHOULD READ: PROCEDURE CODE 92507 SHOULD NOT BE BILLED ON THE SAME DAY AS 92630 OR 92633. REFER TO THE BILLING MANUAL, CHAPTER 10 FOR ADDITIONAL INFORMATION.

ATTENTION: ALL PHARMACY PROVIDERS (350)

FOR DRUGS DISPENSED ON OR AFTER 01/01/06, PROVIDERS SHOULD ALWAYS VERIFY WHETHER A MEDICAID RECIPIENT IS ENROLLED IN MEDICARE PART D AT THE TIME A DRUG IS DISPENSED. MEDICAID WILL RECOUP DRUG CLAIMS PAID BY MEDICAID IF THE DISPENSED DATE FALLS WITHIN A PERIOD OF PART D ENROLLMENT.

April 07 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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March 17 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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March 03 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

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February 17 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

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January 20, 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

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ATTENTION: ALL DENTISTS (006)

EDS WILL BE REPROCESSING CLAIMS FOR SOME CROWN AND SPACE MAINTAINER PROCEDURE CODES ON THE JANUARY 20TH CHECKWRITE. THE CLAIMS WERE PAID IN ERROR AND WILL BE RECOUPED.

ATTENTION: ALL PHARMACY PROVIDERS (350)

FOR DRUGS DISPENSED ON OR AFTER 01/01/06, PROVIDERS SHOULD ALWAYS VERIFY WHETHER A MEDICAID RECIPIENT IS ENROLLED IN MEDICARE PART D AT THE TIME A DRUG IS DISPENSED. MEDICAID WILL RECOUP DRUG CLAIMS PAID BY MEDICAID IF THE DISPENSED DATE FALLS WITHIN A PERIOD OF PART D ENROLLMENT.

January 06, 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

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December 16, 2005 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: ALL PROVIDERS

THE MEDICAID AGENCY WILL BE CLOSED THE FOLLOWING DAYS IN OBSERVANCE OF THE HOLIDAYS: 12/26/05 AND 01/02/06. EDS WILL BE CLOSED ON 12/26/05, BUT THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.

ATTENTION: ALL PHARMACY PROVIDERS (350)

FOR DRUGS DISPENSED ON OR AFTER 01/01/06, PROVIDERS SHOULD ALWAYS VERIFY WHETHER A MEDICAID RECIPIENT IS ENROLLED IN MEDICARE PART D AT THE TIME A DRUG IS DISPENSED. MEDICAID WILL RECOUP DRUG CLAIMS PAID BY MEDICAID IF THE DISPENSED DATE FALLS WITHIN A PERIOD OF PART D ENROLLMENT.

ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (308)

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[HTTPS://ALMEDICALPROGRAM.ALABAMA-MEDICAID.COM/SECURE/LOGO.N.DO](https://ALMEDICALPROGRAM.ALABAMA-MEDICAID.COM/SECURE/LOGO.N.DO). CLICK ON 'WEB HELP,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. IF YOU CURRENTLY HAVE ANY VERSION OF THE SOFTWARE PRIOR TO 2.04 INSTALLED, YOU MUST UPGRADE TO 2.04 BEFORE ATTEMPTING TO UPGRADE TO 2.05. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELP DESK AT 1-800-456-1242.

ATTENTION: ALL PROVIDERS (308)

PROVIDERS ARE REMINDED THAT MEDICAID IS THE PAYER OF LAST RESORT. PLEASE FILE OTHER INSURERS PRIOR TO FILING MEDICAID. IF YOU NEED TO REPORT TPL, PLEASE REFER TO CHAPTER THREE OF THE BILLING MANUAL.

ATTENTION: PATIENT 1ST PROVIDERS (280)

PATIENT 1ST PMPS ARE ELIGIBLE FOR AN ENHANCED CASE MANAGEMENT FEE WHEN THEY COMPLETE THE MEDICAL HOME-HEALTH LITERACY PROGRAM. THE NEW ONLINE VERSION INCLUDES A PATIENT 1ST TUTORIAL. PHYSICIANS, PHARMACISTS, NURSES AND OTHER ALLIED HEALTH PROFESSIONALS MAY EARN UP TO 9.0 HOURS CME/CEU CREDIT AT NO COST. FOR ADDITIONAL INFORMATION, GO TO:
[HTTP://WWW.MEDICAID.ALABAMA.GOV/PROGRAMS/PATIENT1ST/PATIENT1ST_CME_TESTS.ASPX?TAB=4](http://www.MEDICAID.ALABAMA.GOV/PROGRAMS/PATIENT1ST/PATIENT1ST_CME_TESTS.ASPX?TAB=4).

December 9, 2005 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

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November 18, 2005 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

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[HTTPS://ALMEDICALPROGRAM.ALABAMA-MEDICAID.COM/SECURE/LOGO N.DO](https://almedicalprogram.alabama-medicaid.com/secure/logo.n.do). CLICK ON 'WEB HELP,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. IF YOU CURRENTLY HAVE ANY VERSION OF THE SOFTWARE PRIOR TO 2.04 INSTALLED, YOU MUST UPGRADE TO 2.04 BEFORE ATTEMPTING TO UPGRADE TO 2.05. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELP DESK AT 1-800-456-1242.

ATTENTION: ALL PROVIDERS (308)

PROVIDERS ARE REMINDED THAT MEDICAID IS THE PAYER OF LAST RESORT. PLEASE FILE OTHER INSURERS PRIOR TO FILING MEDICAID. IF YOU NEED TO REPORT TPL, PLEASE REFER TO CHAPTER THREE OF THE BILLING MANUAL. A NEW FEDERALLY-APPROVED WAIVER MAKES IT POSSIBLE FOR HURRICANE KATRINA EVACUEES WITH LOUISIANA OR MISSISSIPPI MEDICAID COVERAGE TO APPLY FOR TEMPORARY MEDICAID COVERAGE IN ALABAMA WITHOUT LOSING ELIGIBILITY IN THEIR HOME STATES. FOR MORE INFORMATION, GO TO THE MEDICAID WEBSITE AT [HTTP://MEDICAID.STATE.AL.US/NEWS/HURRICANE_UPDATE.ASPX?TAB=](http://MEDICAID.STATE.AL.US/NEWS/HURRICANE_UPDATE.ASPX?TAB=). FOR VERIFYING RECIPIENT ELIGIBILITY, MAKE A NOTE OF THE NEW, RECIPIENT COUNTY CODES. THESE COUNTY CODES HAVE BEEN ASSIGNED TO THE KATRINA HURRICANE EVACUEES WHO ARE ENROLLED IN THE ALABAMA MEDICAID PROGRAM.

90 – ALABAMA (KATRINA EVACUEE)

91 – MISSISSIPPI (KATRINA EVACUEE)

92 – LOUISIANA (KATRINA EVACUEE)

ATTENTION: PATIENT 1ST PROVIDERS (280)

PATIENT 1ST PMPS ARE ELIGIBLE FOR AN ENHANCED CASE MANAGEMENT FEE WHEN THEY COMPLETE THE MEDICAL HOME-HEALTH LITERACY PROGRAM. THE NEW ONLINE VERSION INCLUDES A PATIENT 1ST TUTORIAL. PHYSICIANS, PHARMACISTS, NURSES AND OTHER ALLIED HEALTH PROFESSIONALS MAY EARN UP TO 9.0 HOURS CME/CEU CREDIT AT NO COST. FOR ADDITIONAL INFORMATION, GO TO:
[HTTP://WWW.MEDICAID.ALABAMA.GOV/PROGRAMS/PATIENT1ST/PATIENT1ST_CME_TESTS.ASPX?TAB=4](http://WWW.MEDICAID.ALABAMA.GOV/PROGRAMS/PATIENT1ST/PATIENT1ST_CME_TESTS.ASPX?TAB=4).

November 4, 2005 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (308)

SOFTWARE VERSION 2.05, UPGRADE AND FULL INSTALL, IS NOW AVAILABLE AND CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE. TO DOWNLOAD THE SOFTWARE, GO TO:
[HTTPS://ALMEDICALPROGRAM.ALABAMA-MEDICAID.COM/SECURE/LOGO.N.DO](https://almedicalprogram.alabama-medicaid.com/secure/logo.n.do). CLICK ON 'WEB HELP,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. IF YOU CURRENTLY HAVE ANY VERSION OF THE SOFTWARE PRIOR TO 2.04 INSTALLED, YOU MUST UPGRADE TO 2.04 BEFORE ATTEMPTING TO UPGRADE TO 2.05. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELP DESK AT 1-800-456-1242.

ATTENTION: ALL PROVIDERS (308)

PROVIDERS ARE REMINDED THAT MEDICAID IS THE PAYER OF LAST RESORT. PLEASE FILE OTHER INSURERS PRIOR TO FILING MEDICAID. IF YOU NEED TO REPORT TPL, PLEASE REFER TO CHAPTER THREE OF THE BILLING MANUAL. A NEW FEDERALLY-APPROVED WAIVER MAKES IT POSSIBLE FOR HURRICANE KATRINA EVACUEES WITH LOUISIANA OR MISSISSIPPI MEDICAID COVERAGE TO APPLY FOR TEMPORARY MEDICAID COVERAGE IN ALABAMA WITHOUT LOSING ELIGIBILITY IN THEIR HOME STATES. FOR MORE INFORMATION, GO TO THE MEDICAID WEBSITE AT [HTTP://MEDICAID.STATE.AL.US/NEWS/HURRICANE_UPDATE.ASPX?TAB=](http://MEDICAID.STATE.AL.US/NEWS/HURRICANE_UPDATE.ASPX?TAB=). FOR VERIFYING RECIPIENT ELIGIBILITY, MAKE A NOTE OF THE NEW, RECIPIENT COUNTY CODES. THESE COUNTY CODES HAVE BEEN ASSIGNED TO THE KATRINA HURRICANE EVACUEES WHO ARE ENROLLED IN THE ALABAMA MEDICAID PROGRAM.

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ATTENTION: PATIENT 1ST PROVIDERS (280)

PATIENT 1ST PMPS ARE ELIGIBLE FOR AN ENHANCED CASE MANAGEMENT FEE WHEN THEY COMPLETE THE MEDICAL HOME-HEALTH LITERACY PROGRAM. THE NEW ONLINE VERSION INCLUDES A PATIENT 1ST TUTORIAL. PHYSICIANS, PHARMACISTS, NURSES AND OTHER ALLIED HEALTH PROFESSIONALS MAY EARN UP TO 9.0 HOURS CME/CEU CREDIT AT NO COST. FOR ADDITIONAL INFORMATION, GO TO:
[HTTP://WWW.MEDICAID.ALABAMA.GOV/PROGRAMS/PATIENT1ST/PATIENT1ST_CME_TESTS.ASPX?TAB=4](http://WWW.MEDICAID.ALABAMA.GOV/PROGRAMS/PATIENT1ST/PATIENT1ST_CME_TESTS.ASPX?TAB=4).

October 21, 2005 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: ALL PROVIDERS (280)

A NEW FEDERALLY-APPROVED WAIVER MAKES IT POSSIBLE FOR HURRICANE KATRINA EVACUEES WITH LOUISIANA OR MISSISSIPPI MEDICAID COVERAGE TO APPLY FOR TEMPORARY MEDICAID COVERAGE IN ALABAMA WITHOUT LOSING ELIGIBILITY IN THEIR HOME STATES. EVACUEES NOW QUALIFY TO RECEIVE SERVICES IMMEDIATELY FOR UP TO FIVE MONTHS, EVEN IF THEY DO NOT HAVE THE USUAL REQUIRED DOCUMENTATION. THIS MEANS THAT ALABAMA PROVIDERS WILL BE ABLE TO VERIFY ELIGIBILITY AND FILE CLAIMS FOR THIS GROUP OF EVACUEES WITH ALABAMA MEDICAID. FOR MORE INFORMATION, GO TO THE MEDICAID WEBSITE AT [HTTP://MEDICAID.STATE.AL.US/NEWS/HURRICANE_UPDATE.ASPX?TAB=](http://MEDICAID.STATE.AL.US/NEWS/HURRICANE_UPDATE.ASPX?TAB=).

ATTENTION: ALL PROVIDERS (280)

FOR VERIFYING RECIPIENT ELIGIBILITY, MAKE A NOTE OF THE NEW, RECIPIENT COUNTY CODES. THESE COUNTY CODES HAVE BEEN ASSIGNED TO THE KATRINA HURRICANE EVACUEES WHO ARE ENROLLED IN THE ALABAMA MEDICAID PROGRAM.

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ATTENTION: PATIENT 1ST PROVIDERS (280)

PATIENT 1ST PMPS ARE ELIGIBLE FOR AN ENHANCED CASE MANAGEMENT FEE WHEN THEY COMPLETE THE MEDICAL HOME-HEALTH LITERACY PROGRAM. THE NEW ONLINE VERSION INCLUDES A PATIENT 1ST TUTORIAL. PHYSICIANS, PHARMACISTS, NURSES AND OTHER ALLIED HEALTH PROFESSIONALS MAY EARN UP TO 9.0 HOURS CME/CEU CREDIT AT NO COST. FOR ADDITIONAL INFORMATION, GO TO: [HTTP://WWW.MEDICAID.ALABAMA.GOV/PROGRAMS/PATIENT1ST/PATIENT1ST_CME_TESTS.ASPX?TAB=4](http://WWW.MEDICAID.ALABAMA.GOV/PROGRAMS/PATIENT1ST/PATIENT1ST_CME_TESTS.ASPX?TAB=4).

October 07, 2005 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: ALL PROVIDERS (280)

A NEW FEDERALLY-APPROVED WAIVER MAKES IT POSSIBLE FOR HURRICANE KATRINA EVACUEES WITH LOUISIANA OR MISSISSIPPI MEDICAID COVERAGE TO APPLY FOR TEMPORARY MEDICAID COVERAGE IN ALABAMA WITHOUT LOSING ELIGIBILITY IN THEIR HOME STATES. EVACUEES NOW QUALIFY TO RECEIVE SERVICES IMMEDIATELY FOR UP TO FIVE MONTHS, EVEN IF THEY DO NOT HAVE THE USUAL REQUIRED DOCUMENTATION. THIS MEANS THAT ALABAMA PROVIDERS WILL BE ABLE TO VERIFY ELIGIBILITY AND FILE CLAIMS FOR THIS GROUP OF EVACUEES WITH ALABAMA MEDICAID. FOR MORE INFORMATION, GO TO THE MEDICAID WEBSITE AT [HTTP://MEDICAID.STATE.AL.US/NEWS/HURRICANE_UPDATE.ASPX?TAB=](http://MEDICAID.STATE.AL.US/NEWS/HURRICANE_UPDATE.ASPX?TAB=).

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ATTENTION: PATIENT 1ST PROVIDERS (280)

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September 09, 2005 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: ALL PROVIDERS (245)

THE ALABAMA MEDICAID AGENCY IS WORKING WITH MEDICAID PROGRAMS IN MISSISSIPPI AND LOUISIANA TO COORDINATE COVERAGE OF ESSENTIAL SERVICES FOR THOSE MEDICAID RECIPIENTS WHO HAVE MIGRATED TO ALABAMA DUE TO HURRICANE KATRINA. ALABAMA MEDICAID PROVIDERS SHOULD FEEL CONFIDENT REGARDING REIMBURSEMENT OF SERVICES TO DISPLACED MEDICAID RECIPIENTS FROM LOUISIANA AND MISSISSIPPI. PLEASE NOTE THAT PROVIDERS WILL BE PAID BASED ON OUT-OF-STATE COVERAGE POLICIES ESTABLISHED BY MEDICAID PROGRAMS IN THOSE STATES. PROVIDER ENROLLMENT FORMS AND INSTRUCTIONS ARE AVAILABLE ON THE ALABAMA MEDICAID WEBSITE AT WWW.MEDICAID.STATE.AL.US.

ATTENTION: ALL EPSDT SCREENERS AND PHYSICIANS (231)

PROCEDURE CODE 92551 WITH EP MODIFIER SHOULD BE USED FOR HEARING SCREENING OF AGES 5 AND ABOVE IN CONJUNCTION WITH EPSDT SCREENING. PROCEDURE CODE 99173 WITH EP MODIFIER SHOULD BE USED FOR VISION SCREENING OF AGES 3 AND ABOVE. PROCEDURE CODE 92285 (EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT....) SHOULD NOT BE BILLED FOR ROUTINE VISION SCREENINGS. THIS CODE SHOULD BE RESERVED FOR SPECIAL OPHTHAMOLOGICAL SERVICES. INAPPROPRIATE BILLING OF 92285 IS SUBJECT TO POST PAYMENT REVIEW.

ATTENTION: MEDICAID PHYSICIANS, PHARMACIES, RENAL DIALYSIS FACILITIES AND LTC FACILITIES (231)

CLARIFICATION OF 'STATEMENT OF MEDICAL NECESSITY' SENT IN THE PROVIDER ALERT DATED 08/15/05. THE CERTIFICATION STATEMENT MUST BE WRITTEN OR STAMPED ON THE PRESCRIPTION OR REPRODUCED ON A FORM ACCOMPANYING THE PRESCRIPTIONS.

September 02, 2005 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: ALL PROVIDERS (245)

THE ALABAMA MEDICAID AGENCY IS WORKING WITH MEDICAID PROGRAMS IN MISSISSIPPI AND LOUISIANA TO COORDINATE COVERAGE OF ESSENTIAL SERVICES FOR THOSE MEDICAID RECIPIENTS WHO HAVE MIGRATED TO ALABAMA DUE TO HURRICANE KATRINA. ALABAMA MEDICAID PROVIDERS SHOULD FEEL CONFIDENT REGARDING REIMBURSEMENT OF SERVICES TO DISPLACED MEDICAID RECIPIENTS FROM LOUISIANA AND MISSISSIPPI. PLEASE NOTE THAT PROVIDERS WILL BE PAID BASED ON OUT-OF-STATE COVERAGE POLICIES ESTABLISHED BY MEDICAID PROGRAMS IN THOSE STATES. PROVIDER ENROLLMENT FORMS AND INSTRUCTIONS ARE AVAILABLE ON THE ALABAMA MEDICAID WEBSITE AT WWW.MEDICAID.STATE.AL.US.

ATTENTION: ALL EPSDT SCREENERS AND PHYSICIANS (231)

PROCEDURE CODE 92551 WITH EP MODIFIER SHOULD BE USED FOR HEARING SCREENING OF AGES 5 AND ABOVE IN CONJUNCTION WITH EPSDT SCREENING. PROCEDURE CODE 99173 WITH EP MODIFIER SHOULD BE USED FOR VISION SCREENING OF AGES 3 AND ABOVE. PROCEDURE CODE 92285 (EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT....) SHOULD NOT BE BILLED FOR ROUTINE VISION SCREENINGS. THIS CODE SHOULD BE RESERVED FOR SPECIAL OPHTHAMOLOGICAL SERVICES. INAPPROPRIATE BILLING OF 92285 IS SUBJECT TO POST PAYMENT REVIEW.

ATTENTION: MEDICAID PHYSICIANS, PHARMACIES, RENAL DIALYSIS FACILITIES AND LTC FACILITIES (231)

CLARIFICATION OF 'STATEMENT OF MEDICAL NECESSITY' SENT IN THE PROVIDER ALERT DATED 08/15/05. THE CERTIFICATION STATEMENT MUST BE WRITTEN OR STAMPED ON THE PRESCRIPTION OR REPRODUCED ON A FORM ACCOMPANYING THE PRESCRIPTIONS.

August 19, 2005 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: ALL PROVIDERS

THE ALABAMA MEDICAID AGENCY AND EDS WILL BE CLOSED ON 09/05/05 IN OBSERVANCE OF LABOR DAY. THE PHARMACY HELPDESK WILL BE AVAILABLE FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.

ATTENTION: ALL EPSDT SCREENERS AND PHYSICIANS (231)

PROCEDURE CODE 92551 WITH EP MODIFIER SHOULD BE USED FOR HEARING SCREENING OF AGES 5 AND ABOVE IN CONJUNCTION WITH EPSDT SCREENING. PROCEDURE CODE 99173 WITH EP MODIFIER SHOULD BE USED FOR VISION SCREENING OF AGES 3 AND ABOVE.

PROCEDURE CODE 92285 (EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT....) SHOULD NOT BE BILLED FOR ROUTINE VISION SCREENINGS. THIS CODE SHOULD BE RESERVED FOR SPECIAL OPHTHAMOLOGICAL SERVICES. INAPPROPRIATE BILLING OF 92285 IS SUBJECT TO POST PAYMENT REVIEW.

ATTENTION: MEDICAID PHYSICIANS, PHARMACIES, RENAL DIALYSIS FACILITIES AND LTC FACILITIES (231)

CLARIFICATION OF 'STATEMENT OF MEDICAL NECESSITY' SENT IN THE PROVIDER ALERT DATED 08/15/05. THE CERTIFICATION STATEMENT MUST BE WRITTEN OR STAMPED ON THE PRESCRIPTION OR REPRODUCED ON A FORM ACCOMPANYING THE PRESCRIPTIONS.

August 5, 2005 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, DIALYSIS FACILITIES, IRHCS, PBRHCS, FQHCS, AND COUNTY HEALTH DEPARTMENTS (168)

EFFECTIVE FOR DATES OF SERVICE 07/01/05 AND THEREAFTER, THE ALABAMA MEDICAID AGENCY WILL ADOPT MEDICARE'S DRUG PRICING METHODOLOGY USING THE AVERAGE SALE PRICE (ASP) FOR HCPCS INJECTABLE DRUG CODES. IN KEEPING WITH MEDICARE GUIDELINES, ALABAMA MEDICAID WILL ALSO ADOPT THE TEMPORARY G CODES DESIGNATED FOR CHEMOTHERAPY AND NON-CHEMOTHERAPY ADMINISTRATION CODES. PLEASE REVIEW IN DETAIL THE UPCOMING ALERT ON PRICE METHODOLOGY.

ATTENTION: PATIENT 1ST PMP PROVIDERS (154)

THE AGENCY HAS IDENTIFIED PROBLEMS ENCOUNTERED BY SOME PROVIDERS WHILE ACCESSING PHARMACY INFORMATION ON INFOSOLUTIONS. DUE TO THESE PROBLEMS, THE AGENCY HAS EXTENDED THE UTILIZATION DEADLINE FOR INFOSOLUTIONS FOR 60 DAYS WHILE THESE ISSUES ARE BEING RESOLVED. THEREFORE, EFFECTIVE 08/01/05, THE AGENCY WILL DISCONTINUE PAYING ADDITIONAL CASE MANAGEMENT MONIES IF REPORTS SHOW PROVIDERS WHO SIGNED UP FOR THIS CASE MANAGEMENT FEE ARE NOT ACTIVELY UTILIZING INFOSOLUTIONS. IF YOU HAVE QUESTIONS REGARDING INFOSOLUTIONS, PLEASE CONTACT THE INFOSOLUTIONS DEPARTMENT AT 205-220-5900, PAIGE CLARK AT 334-242-5148, OR GLORIA WRIGHT AT 334-353-5907.

July 22, 2005 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: TRANSPORTATION PROVIDERS (189)

PLEASE REFER TO THE ALERT DATED 07/08/05 FOR INFORMATION REGARDING BILLING FOR TRANSPORTATION OF MEDICAID RECIPIENTS FROM THE PATH OF HURRICANE DENNIS. PROVIDER ALERTS, NOTICES AND ANY HURRICANE-RELATED ISSUES, WILL BE POSTED TO THE AGENCY'S WEBSITE AT WWW.MEDICAID.STATE.AL.US. TO ACCESS THIS INFORMATION, CLICK ON THE FIND IT FAST DROP-DOWN MENU IN THE UPPER RIGHT CORNER OF ANY PAGE AND SELECT "PROVIDER UPDATES" OR CLICK ON THE "NEWS" TAB AND FOLLOW THE APPROPRIATE LINK.

ATTENTION: PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, DIALYSIS FACILITIES, IRHCS, PBRHCS, FQHCS, AND COUNTY HEALTH DEPARTMENTS (167)

EFFECTIVE FOR DATES OF SERVICE 07/01/05 AND THEREAFTER, THE ALABAMA MEDICAID AGENCY WILL ADOPT MEDICARE'S DRUG PRICING METHODOLOGY USING THE AVERAGE SALE PRICE (ASP) FOR HCPCS INJECTABLE DRUG CODES. IN KEEPING WITH MEDICARE GUIDELINES, ALABAMA MEDICAID WILL ALSO ADOPT THE TEMPORARY G CODES DESIGNATED FOR CHEMOTHERAPY AND NON-CHEMOTHERAPY ADMINISTRATION CODES. PLEASE REVIEW IN DETAIL THE UPCOMING ALERT ON PRICE METHODOLOGY.

ATTENTION: PATIENT 1ST PMP PROVIDERS (154)

THE AGENCY HAS IDENTIFIED PROBLEMS ENCOUNTERED BY SOME PROVIDERS WHILE ACCESSING PHARMACY INFORMATION ON INFOSOLUTIONS. DUE TO THESE PROBLEMS, THE AGENCY HAS EXTENDED THE UTILIZATION DEADLINE FOR INFOSOLUTIONS FOR 60 DAYS WHILE THESE ISSUES ARE BEING RESOLVED. THEREFORE, EFFECTIVE 08/01/05, THE AGENCY WILL DISCONTINUE PAYING ADDITIONAL CASE MANAGEMENT MONIES IF REPORTS SHOW PROVIDERS WHO SIGNED UP FOR THIS CASE MANAGEMENT FEE ARE NOT ACTIVELY UTILIZING INFOSOLUTIONS. IF YOU HAVE QUESTIONS REGARDING INFOSOLUTIONS,

PLEASE CONTACT THE INFOSOLUTIONS DEPARTMENT AT 205-220-5900,
PAIGE CLARK AT 334-242-5148, OR GLORIA WRIGHT AT 334-353-5907.

**ATTENTION: PES, LTC ADMISSION NOTIFICATION AND PROVIDER
MANUAL USERS (140)**

MICROSOFT WILL NO LONGER BE SUPPORTING WINDOWS 95, 98, NT, OR
ME. THEY WILL ONLY DO SO THROUGH A 'PAID PER INCIDENT REPORT'
UNTIL 06/30/06. THEREFORE; EFFECTIVE IMMEDIATELY, EDS HAS
INCREASED THE MINIMUM REQUIREMENTS FOR ALL MEDICAID
SOFTWARE AND ELECTRONIC MANUALS TO WINDOWS 2000 OR ABOVE. IF
YOU HAVE ANY QUESTIONS, CONTACT THE EMC HELPDESK AT
800-456-1242.

July 08, 2005 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: TRANSPORTATION PROVIDERS (189)

PLEASE REFER TO THE ALERT DATED 07/08/05 FOR INFORMATION REGARDING BILLING FOR TRANSPORTATION OF MEDICAID RECIPIENTS FROM THE PATH OF HURRICANE DENNIS. PROVIDER ALERTS, NOTICES AND ANY HURRICANE-RELATED ISSUES, WILL BE POSTED TO THE AGENCY'S WEBSITE AT WWW.MEDICAID.STATE.AL.US. TO ACCESS THIS INFORMATION, CLICK ON THE FIND IT FAST DROP-DOWN MENU IN THE UPPER RIGHT CORNER OF ANY PAGE AND SELECT "PROVIDER UPDATES" OR CLICK ON THE "NEWS" TAB AND FOLLOW THE APPROPRIATE LINK.

ATTENTION: PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, DIALYSIS FACILITIES, IRHCS, PBRHCS, FQHCS, AND COUNTY HEALTH DEPARTMENTS (167)

EFFECTIVE FOR DATES OF SERVICE 07/01/05 AND THEREAFTER, THE ALABAMA MEDICAID AGENCY WILL ADOPT MEDICARE'S DRUG PRICING METHODOLOGY USING THE AVERAGE SALE PRICE (ASP) FOR HCPCS INJECTABLE DRUG CODES. IN KEEPING WITH MEDICARE GUIDELINES, ALABAMA MEDICAID WILL ALSO ADOPT THE TEMPORARY G CODES DESIGNATED FOR CHEMOTHERAPY AND NON-CHEMOTHERAPY ADMINISTRATION CODES. PLEASE REVIEW IN DETAIL THE UPCOMING ALERT ON PRICE METHODOLOGY.

ATTENTION: PATIENT 1ST PMP PROVIDERS (154)

THE AGENCY HAS IDENTIFIED PROBLEMS ENCOUNTERED BY SOME PROVIDERS WHILE ACCESSING PHARMACY INFORMATION ON INFOSOLUTIONS. DUE TO THESE PROBLEMS, THE AGENCY HAS EXTENDED THE UTILIZATION DEADLINE FOR INFOSOLUTIONS FOR 60 DAYS WHILE THESE ISSUES ARE BEING RESOLVED. THEREFORE, EFFECTIVE 08/01/05, THE AGENCY WILL DISCONTINUE PAYING ADDITIONAL CASE MANAGEMENT MONIES IF REPORTS SHOW PROVIDERS WHO SIGNED UP FOR THIS CASE MANAGEMENT FEE ARE NOT ACTIVELY UTILIZING INFOSOLUTIONS. IF YOU HAVE QUESTIONS REGARDING INFOSOLUTIONS,

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PAIGE CLARK AT 334-242-5148, OR GLORIA WRIGHT AT 334-353-5907.

ATTENTION: PES, LTC ADMISSION NOTIFICATION AND PROVIDER MANUAL
USERS (140) MICROSOFT WILL NO LONGER BE SUPPORTING WINDOWS 95,
98, NT, OR ME. THEY WILL ONLY DO SO THROUGH A 'PAID PER INCIDENT
REPORT' UNTIL 06/30/06. THEREFORE; EFFECTIVE IMMEDIATELY, EDS HAS
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SOFTWARE AND ELECTRONIC MANUALS TO WINDOWS 2000 OR ABOVE. IF
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800-456-1242.

June 17, 2005 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: ALL PROVIDERS

THE ALABAMA MEDICAID AGENCY AND EDS WILL BE CLOSED 07/05/05 IN OBSERVANCE OF INDEPENDENCE DAY. THE PHARMACY HELPDESK WILL BE AVAILABLE FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.

ATTENTION: PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, DIALYSIS FACILITIES, IRHCS, PBRHCS, FQHCS, AND COUNTY HEALTH DEPARTMENTS (167)

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ATTENTION: PATIENT 1ST PMP PROVIDERS (154)

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MANUAL USERS (140)**

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UNTIL 06/30/06. THEREFORE; EFFECTIVE IMMEDIATELY, EDS HAS
INCREASED THE MINIMUM REQUIREMENTS FOR ALL MEDICAID
SOFTWARE AND ELECTRONIC MANUALS TO WINDOWS 2000 OR ABOVE. IF
YOU HAVE ANY QUESTIONS, CONTACT THE EMC HELPDESK AT
800-456-1242.
